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## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER **AFTER AS FILED** 1st AMENDMENT 2nd AMENDMENT DEP. IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL TOTAL DEP. DEP. TOTAL CLAIMS \*3000 TOTAL 11.00 THE STATE OF \*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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